

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/584078

FILING DATE

APPLICANT(S)

**CLAIMS**

**AS FILED**

**AFTER  
1<sup>ST</sup> AMENDMENT**

**AFTER  
2<sup>ND</sup> AMENDMENT**

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

**IND.**    **DEP.**

**IND.**    **DEP.**

**IND.**    **DEP.**

**AS FILED**

**AFTER  
1<sup>ST</sup> AMENDMENT**

**AFTER  
2<sup>ND</sup> AMENDMENT**

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS